

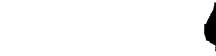
PTO/SB/51 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR 140-032
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5, 696, 375, granted December 9, 1997, and for which a
in patent number <u>5,696,375</u> , granted <u>December 9, 1997</u> , and for which a reissue patent is sought on the invention entitled <u>MULTIDEFLECTOR</u>
the specification of which
is attached hereto.
was filed on as reissue application number / and was amended on (If applicable)
(If applicable)
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)
by reason of a defective specification or drawing.
by reason of the patentee claiming more or less than he had the right to claim in the patent.
by reason of other errors.
At least one error upon which reissue is based is described as follows:
Subject matter described in the specification as originally
filed was mistakenly omitted from the claims.
Applicant failed to claim the core of the invention, which
was described in the original specification. One of
ordinary skill in the art will readily find the intent to
to eleim the core in the original specification

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/51 (12-97)
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(REISSUE APPLI	CATION DECLARATION BY THE INVE	Docket Number (Optional) 140-032		
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.				
Name(s) Registration Number				
John W. Olivo Jr., Esq. 35.634				
John F. Ward, Esq. 33,811				
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on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Melvin Park Inventor's signature				
Residence		Date		
Post Office Address		Citizenship		
Full name of second joint inventor (given name, family name)				
Claus Koster Inventor's signature				
		Date		
Residence		Citizenship		
Post Office Address				
Full name of third joint inventor (given name, family name)				
Inventor's signature		- Date		
Residence		Citizenship		
Post Office Address				
Additional Joint inventors are named on separately numbered sheets attached hereto.				